

2013

OPEN ENROLLMENT BOOKLET

**The Year 2013 Open Enrollment Period Runs From
OCTOBER 15, 2012 through NOVEMBER 2, 2012**



Department of Employee Relations

Employee Benefits Division

City Hall, Room 706

200 East Wells Street

Milwaukee, WI 53202

(414) 286-3184

Fax (414) 286-2106

Email Derbenefits@milwaukee.gov

www.milwaukee.gov/der

***Flexible Spending Accounts (Medical) Annual
Maximum Reduced to \$2500 for 2013. See Page 26 for
Additional Information.***

MEDCO Soon to Become Express Scripts

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Other Benefit Information available on-line at www.Milwaukee.gov/DER.

- ***Group Life and Enhanced Group Life: (Fire & Police enrolled automatically)***
 - ◆ Supplemental Group Life Insurance Informational Brochure.
 - ◆ Supplemental Group Life Insurance application (HACM & WCD employees only).
- ***Flexible Choices Program***
 - ◆ You must **enroll** or **re-enroll** during the Open Enrollment (Re-Enrollment is not automatic.)
- ***Long Term Disability Program: (excludes Fire and Police)***
 - ◆ See Information Booklet on-line
- ***Deferred Compensation***
 - ◆ See Information on-line.

HEALTH & DENTAL OPEN ENROLLMENT

Annual Open Enrollment - October 15, 2012 through November 2, 2012

The City's Annual Open Enrollment period is upon us once again. ***The rates may influence your health plan choice for the year 2013. Please see the rate chart for the 12% share of the premium on-line at www.Milwaukee.gov/DER. The benefit structures may change during the calendar year based on Common Council action.***

This is your only opportunity during the year to make a change to your health or dental plan for plan year 2013.

For 2013 there will be a 4 tier structure: Employee only; Employee + child/ren only; Employee + Spouse only; and, Family (employee, spouse & child/ren).

Review the information in this booklet, especially the plan comparison tables (beginning on page 9). If you want

more information about a particular plan, call the health or dental plan directly and they will mail you their packet of provider information. Their phone numbers and websites are on page 34. You may also pick up plan information packets at the Open Enrollment Fairs as listed on page 4, or at the Employee Benefits office in City Hall Room 706.

All Active employees will use the online Employee Self Service Program for plan changes. The system is accessed with a web browser at work or home. Login on the Internet at <https://cmil.mycmsc.com>, and then click HRMS PRD 9.1. All employees must have their Employee ID Number and a Password. To request or reset a password, go to www.Milwaukee.gov/RITS.

HEALTH PLANS - YEAR 2013

United Healthcare will administer four self-funded health plans for the City of Milwaukee:

UHC CHOICE PLAN - The City's self-funded EPO Plan with deductible and co-insurance, 1-866-873-3903, www.myuhc.com

UHC CHOICE PLUS PLAN – The City's self-funded PPO Plan with higher deductibles and co-insurance, 1-866-873-3903, www.myuhc.com.

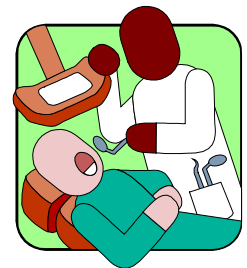
MPA UHC CHOICE PLAN. – Only Available to MPA members uses 2011 HMO benefit design without deductibles and co-pays, 1-866-873-3903, www.myuhc.com.

MPA UHC CHOICE PLUS PLAN- Only Available to MPA members uses 2011 Basic Plan benefit design, 1-866-873-3903, www.myuhc.com.

DENTAL PLANS - YEAR 2013

The City has contracted with three dental plans in 2013; they are listed below:

- WPS/Delta Dental
- Dental Blue
- Care-Plus Benefit Plans, Inc.



NOTE:

ALL HEALTH & DENTAL PLAN DEDUCTIONS WILL BE DEDUCTED TWICE PER MONTH...FIRST & SECOND PAYCHECKS OF EACH MONTH.

OPEN ENROLLMENT INFORMATION FAIRS

The City will hold Six (6) Open Enrollment Fairs that are open to all City employees and retirees. The schedule is listed below.

Wednesday, October 17th - 2:00 p.m. to 6:00 p.m. Wilson Park Senior Center
..... 2601 West Howard Avenue

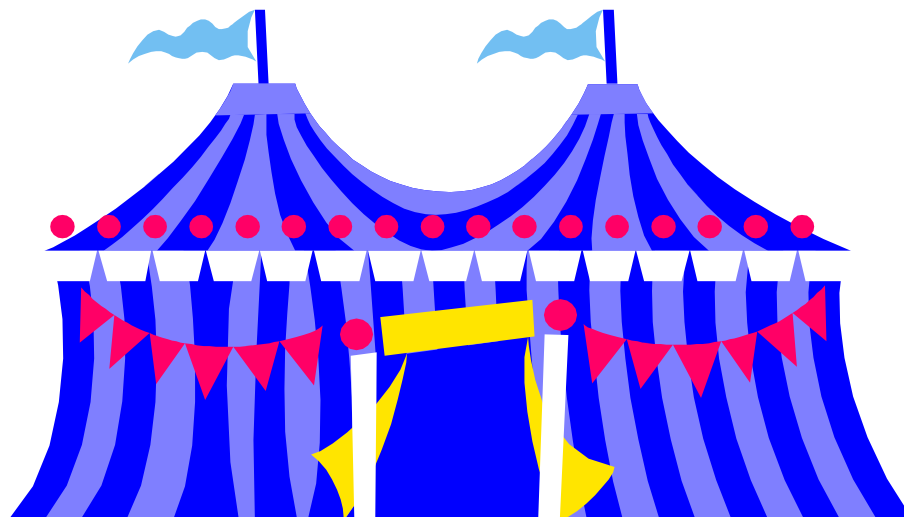
Thursday, October 18th 3:00 p.m. to 6:30 p.m. Fire and Police Academy
..... 6680 North Teutonia Avenue

Tuesday, October 23rd – 3:00 p.m. to 6:00 p.m. Washington Park Library
..... 2121 North Sherman Blvd

Thursday, October 25th – 9:00 a.m. to 1:00 p.m. City Hall Rotunda
..... 200 East Wells Street

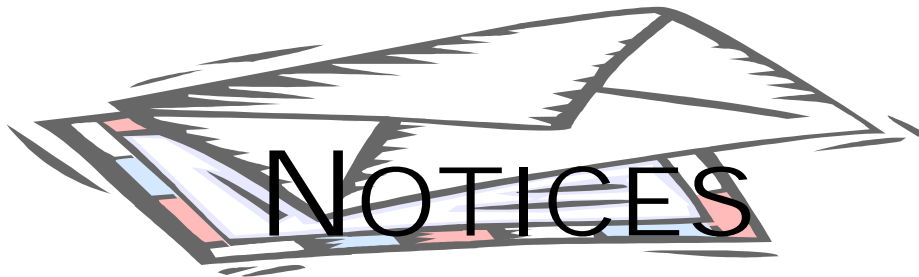
Tuesday, October 30th - 11:00 a.m. to 4:00 p.m. DPW Field Headquarters
..... 3850 North 35th Street

Thursday, November 1st – 1:00 p.m. to 4:00 p.m..... Tippecanoe Library
..... 3912 South Howell Avenue



Open Enrollment Fair

NOTE: Find a Physician at www.myuhc.com to determine if your physician is a UnitedHealthcare Network physician. The City cannot guarantee a physician will be with the UnitedHealthcare network for the entire year.



➤ **Notice to Employees Regarding the Thirty-Day Rule:**

Active employees are responsible for keeping their enrollment status current. Login on the Internet to <https://cmil.mycmsc.com> then click HRM PRD 9.1. All employees must have their Employee ID number and a Password. To request or reset a password go to www.Milwaukee.gov/RITS. You must enter the Life Event changes **within 30 days** of births, adoptions, marriages (including marriage to another City employee), divorces, dependents ceasing to be dependents, former dependents that become eligible dependents again, deaths. The social security number is required for each eligible dependent enrolling within the UHC plan. A copy of a marriage, birth and/or adoption certificate is required when enrolling an eligible dependent.

Under the Affordable Care Act children are eligible for health and dental coverage until the end of the calendar year they turn 26. Employees can remove children from their health and dental plan at any time. There is no penalty for a City employee who waives coverage and takes coverage through a spouse or another health plan. New employees must enroll on the Self Service program within 30 days of their City start date and employees returning to work from layoff or any other reason must complete health and/or dental enrollment forms within 30 days of their return-to-work date. (Non-compliance with this Thirty-Day Rule may expose the City and/or you to additional costs.) **There will be no exceptions to this rule.**

Active employees separating from the City are eligible to have their insurance through the end of the month following their separation. Members receiving health and dental benefits through the end of the following month are responsible for the employee share of the premium. If you have not been deducted on your paycheck for the final month, you will be billed.

➤ **Notice to Employees regarding the One-Family Plan Rule:**

City employees who are married to each other may only carry one health plan and one dental plan between them. One spouse may carry both health and dental plans, or one spouse may carry the health plan and the other spouse may carry the dental plan. You are required to report your marriage to another city employee within 30 days of the date of your marriage. There may be financial penalties if you fail to report your marriage.

City of Milwaukee Management employees whose spouse is employed by another governmental agency may only be enrolled in a family coverage with the City of Milwaukee or with their spouse's employer, but not both.

➤ **Domestic Partners**

Domestic Partner medical benefits are available for all City employees. City employees must be in a registered Domestic Partnership in order to be eligible for these benefits. There are tax implications associated with the benefits. Call Employee Benefits at 286-2178 for information.

➤ **Hospital and Physician Quality**

The City understands the value of doctors and hospitals providing a high quality of care. There are several measures available for review of quality. The UnitedHealth Premium program helps you choose with confidence – just look for the stars. They identify physicians who meet quality and cost-efficiency guidelines for care. Visit www.myuhc.com to search for doctors and hospitals that meet national medical standards for quality care.

Another resource to check out is www.wicheckpoint.org. Area hospitals participate in the Wisconsin Hospital Association which gives a snapshot of hospitals' performance in key areas.

DISCLAIMER:

Receiving this booklet does not necessarily imply you are eligible for City health and/or dental coverage. Only persons eligible under labor contract provisions, Common Council resolutions, or COBRA may enroll. In making these various plans available, the City of Milwaukee is not endorsing the selection of a particular plan or the level of benefits or quality of care offered by a particular plan. It is the responsibility of the employee to carefully review the plan and to make a decision based on this review. This material was prepared and sent with the cooperation of the City's health and dental plans.

PAYROLL IS GREEN

Payroll direct deposit stubs are available through
Self-Service

VIEW YOUR DIRECT DEPOSIT STUBS

1. Login on the internet to: <https://cmil.mycmsc.com>, then click HRMS PRD 9.1
2. Enter your User ID (Employee ID) and password.
3. Click on Self-Service/Payroll and Compensation/View Paycheck

W-2 Forms are available through Self-Service. If you consent, you will receive your W-2 sooner and more securely than through the mail

VIEW YOUR W-2 FORMS

1. Login on the internet to: <https://cmil.mycmsc.com>, then click HRMS PRD 9.1
2. Enter your User ID (Employee ID) and password.
3. Click to consent to receive your W-2 electronically by going to Self-Service/Payroll and Compensation/W-2W-2c Consent. *If you consented last year, you do not need to do it again.*
4. Review your 2012 W-2 electronically, when posted by Payroll Administration. Self Service/Payroll and Compensation/View W-2W2c Forms.

***Don't forget to set up the "Forgot my Password" utility. Main Menu/My System Profile/Change or Set up Forgotten Password Help. Additional help may be obtained at <http://city.milwaukee.gov/der/SelfService>



FAQ – Active

Why Medco?

Medco's services include:

- A network of thousands of participating retail pharmacies
- Convenient mail-order pharmacies for medications you take on a regular basis
- Helpful and convenient Internet services (www.medco.com)
- Sophisticated medication safety checks
- Round-the-clock access to registered pharmacists
- Well-trained Member Services representatives.

Medco looks forward to putting its clinical experience and state-of-the-art technology to work for you.

How do I use my prescription drug ID card?

Whenever you or a covered family member has a prescription filled at a participating retail pharmacy, present your Medco prescription drug ID card to the pharmacist. It displays your member ID number, which your pharmacist needs to process your prescriptions. To quickly find a retail pharmacy near you, use the Medco online pharmacy locator at www.medco.com or call Member Services.

How can I find out what medications are covered?

Log on to www.medco.com® or contact Member Services. First-time visitors to the site will need to register using a member ID and prescription number.

Can I use my current retail pharmacy?

To find out whether a particular pharmacy participates in the network, visit www.medco.com or call Medco Member Services.

What is the Medco Pharmacy?

The Medco mail-order pharmacy is one of the largest in the United States.

Why use the Medco Pharmacy?

- Savings
 - You can receive a 3 month supply for a 2 month co-pay, when you use the Medco pharmacy (mail order).
 - Standard shipping is always free (save gas by not driving).
 - It helps keep your drug benefit affordable.
- Convenience
 - You can receive up to a 90-day supply, which saves on trips to the pharmacy.
- Safety
 - Each time you use your prescription drug benefit, the medication or medical supply that you purchase is added to Medco's database. If you're prescribed a medication that could cause an adverse reaction with other medications you're already taking, a Medco pharmacist will alert your doctor to any problems and discuss safer, alternative therapies.

What is the difference between a brand-name and generic medication?

Brand-name medications are marketed under a trademark-protected name and are often available from only one manufacturer. Generic medications contain the same active ingredients as the original brand and must meet the same strict federal regulations as their brand-name counterparts for quality, strength, and purity. Generics typically cost less than brands.

**What is a formulary (also known as a preferred drug list)?**

A formulary is a list of commonly prescribed medications that are preferred by your plan because they are safe, effective alternatives to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

What can I do to lower my prescription drug expenses?

Generic medications typically cost less than their brand-name counterparts. Talk to your doctor to find out whether there is a generic medication available and appropriate for you. Also, by using The Medco Pharmacy™, you can receive up to a 90-day supply of your long-term medications for one mail-order co-payment.

What if I have a question about a medication or want to speak with a pharmacist?

Registered pharmacists are available 24 hours a day, 7 days a week, to answer questions about your medication. Just call Medco Member Services and the representative will be happy to have a pharmacist join your call.

What information can I access on Medco's website?

You can take advantage of Medco's consumer-friendly website as a registered user. More than 4 million members have registered at **www.medco.com** to enjoy round-the-clock access to these services:

- Order mail-order refills (new prescriptions cannot be submitted on the Web).
- Check the status of your mail-order prescriptions.
- View your account summary and pay mail-order balances.
- Review plan highlights.
- Get information about preferred medications.
- Compare brand-name and generic drug prices.
- Sign up for timely refill reminders.
- Print mail-order forms, claim forms, and temporary ID cards.
- Locate participating retail pharmacies (if your plan has a retail benefit).
- Get health and wellness information.

Registering is simple and safe, and your information is secure and confidential



"Wellness Your Choice Milwaukee"

The City of Milwaukee is partnering with Froedtert and Community Health Workforce Health to provide comprehensive health and wellness services to City employees. The program includes a blood draw, an online Health History, a meeting with one of Workforce Health's health educators and a report to each member who completes the process. Employees who complete the comprehensive health and wellness service will not have a health assessment fee (HAFEE). Please retain a copy of your Health Action Plan. It will serve as verification of participation in the event of a discrepancy.

Additional services or classes are available through Workforce Health. Topics include: Diabetes, Nutrition, Physical Activity, and Tobacco Education. Representatives from Workforce Health will be at the City of Milwaukee Open Enrollment Fairs.

Anyone retiring before 12/01/2012 will not be effected by the 2013 health assessment fee (HAFEE).

Deductibles and Co-Insurance

The UHC Choice and the UHC Choice Plus plans have deductibles and co-insurance. The deductible for UHC Choice is no more than \$500 per member and no more than \$1000 for a family. The co-insurance is no more than \$500 per member and no more than \$1000 for a family. Once a member reaches their out of pocket maximum there is no additional co-insurance.

City of Milwaukee Diabetic Benefits for Actives

Diabetic Claims (Equipment and Supplies) Claims Adjudication Processes

Non-Medicare Actives	
Item	Claim Adjudication
Durable Medical Equipment (DME) to include insulin pumps and the supplies used for insulin pumps.	Processed through the medical benefit for both UHC Choice EPO and UHC Choice Plus (See #9 on the Summary Benefit Table on pg. 9) Glucose meters and insulin pumps are covered at 90% co-insurance after satisfying deductible.
Diabetic testing supplies to include test strips, syringes, lancets, etc.	<ul style="list-style-type: none">• All members have a three tier drug plan through Medco (Express Scripts), \$5, \$25 & \$50, for diabetic testing supplies.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR CITY OF MILWAUKEE

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
1. Annual Deductible Individual Deductible Family Deductible	\$500 per year \$1,000 per year	\$750 per year \$1,500 per year	\$1,500 per year \$3,000 per year
2. Co-Insurance Each Member pays	10% up to \$500	10% up to \$750	30% up to \$1500
3. Out-of-Pocket Maximum Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum	\$1,000 per year \$2,000 per year	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year
4. Benefit Plan coinsurance – Amount the Plan Pays	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
5. Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
6. Ambulance Services – Emergency & approved Non-Emergency	90% after Deductible met.	90% after Deductible met.	90% after Deductible met.
7. Autism Spectrum Disorder Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
8. Dental Accident/Oral Surgery Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.10).*	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
9. Durable Medical Equipment	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
10. Emergency Health Services	90% after Deductible met. \$150 copay after out-of-pocket maximum met.	90% after Deductible met. \$150 copay after out-of-pocket maximum met.	70% after Deductible met. \$150 copay after out-of-pocket maximum met.
11. Hearing Aids Benefits are limited to enrolled dependent children under 18, limited to one hearing aid per year, every 3 years	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
12. Home Health Care Benefits are limited to 40 visits per calendar year.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
13. Hospice	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
14. Hospital – Inpatient Stay	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
15. Lab, X-Ray & Diagnostics - Outpatient	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
16. Mental Health Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
17. Nutritional Counseling	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
18. Physician Fees for Surgical & Medical Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
19. Physician Office Services – Sickness and Injury.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
20. Preventive Care Services Includes Physician Office Visit, Lab, X-Ray or other preventive tests. Generally when a service is performed during your annual preventive care visit, specifically for preventive screening, and there are no known symptoms, illnesses or history, the services will be considered for this benefit. For more information about preventive services that might be right for you, visit www.uhcpreventivecare.com	100% Deductible does not apply	100% Deductible does not apply	Not Covered

SUMMARY OF HEALTH INSURANCE BENEFITS FOR CITY OF MILWAUKEE

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
21. Prosthetic Devices	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
22. Rehabilitation Services – Chiropractic Treatment	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
23. Rehabilitation Services – Outpatient Therapy Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit maximum per year for each necessary therapy.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services. 120 day maximum per inpatient stay.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
25. Substance Use Disorder	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
26. Temporomandibular Joint disorder Treatment (TMJ) Benefits are limited to \$1,250 per year for diagnostic procedures and non-surgical treatment.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
27. Transplant Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
28. Urgent Care	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
29. Vision Care One routine vision exam every 2 years at an In-Network Optometrist or Ophthalmologist as found on www.myuhc.com .	90% after Deductible met.	90% after Deductible met.	Not Covered.
30. Prescription Drug Benefits administered by MEDCO Retail Pharmacy – 30 day supply Mail Order – up to 90 day supply <i>(The prescription co-pays do not apply to the deductible, co-insurance or out of pocket maximum).</i>	\$5/\$25/\$50 copay \$10/\$50/\$100 copay	\$5/\$25/\$50 copay \$10/\$50/\$100 copay	Not Covered.
31. Dependent Coverage	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the Affordable Care Act, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status.		

United Healthcare Oral Surgery is limited to the following 13 oral surgical procedures (see #8 above)

- Surgical removal of bony impacted teeth;
- Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination;
- Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth;
- Apicoectomy;
- Excision of exostosis of jaws and hard palate;
- Treatment of fractures of facial bones;
- External incisions and drainage of cellulitis;
- Incision of accessory sinuses, salivary glands or ducts;
- Gingivectomy;
- Alveolectomy;
- Frenectomy;
- Removal of retained root;
- Gingival and Apical curettage.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR MILWAUKEE POLICE ASSOCIATION (MPA)

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

These comparisons describe the benefit program in general terms.
These benefits are subject to the terms and conditions of the master contracts.
The UnitedHealthcare benefits are always subject to medical necessity

BENEFIT	CITY OF MILWAUKEE UHC Choice Plus for MPA (Basic Plan) Services may be subject to Utilization Review for medical necessity.	CITY OF MILWAUKEE United Healthcare (UHC) Choice Plan for MPA
1. Hospitalization	100% of usual & customary charges covered. Additional benefits may be available under Major Medical.	Benefit is 100%.
2. Surgical Medical Care	100% of usual & customary charges of physician.	Benefit is 100%.
3. Physician visits in Hospital	100% of usual & customary charges covered.	Benefit is 100%.
4. Maternity	Semi-private hospital room charges paid. Pays usual & customary charges of physician (dependent daughters covered).	Benefit is 100%.
5. X-Ray and Lab Tests (including Routine)	100% of usual & customary charges covered.	Benefit is 100%.
6. Radiation Therapy	100% of usual & customary charges covered.	Benefit is 100%.
7. Emergency Room A. Accident (in or out of area) B. Illness (in or out of area)	100% of usual & customary charges covered. No maximum. If final diagnosis indicates such treatment was necessary-usual & customary charges covered.	Member may have \$50 Emergency Room co-pay for accident or illness.
8. Physician Office Visits & Urgent Care Visits	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Member has a \$10 co-pay for all office and urgent care visits due to illness or injury
9. Major Medical Care A. Yearly Deductible B. Coinsurance/Co-payment	\$100 per person - \$300 per family maximum. 80% Covered, 20% paid by subscriber.	Not Applicable. Information noted next to each benefit plan.
10. Chiropractor Office Visits	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit is 100%.
11. Physical Therapy, Speech Therapy & Occupational Therapy	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit is payable for up to 50 visits per calendar year for EACH type of medically necessary therapy.
12. Immunizations & Injections	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit is payable for medically necessary injections or immunizations, including hormones. Benefit is 100%.
13. Durable Medical Equipment	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit includes 20% co-insurance, up to a maximum of \$500 per member per calendar year for durable medical equipment, prosthetics and orthotics combined. Covered services include, but are not limited to, the initial acquisition of artificial limbs and eyes, cast, splints, trusses, crutches, orthopedic braces and appliances, ostomy supplies, compression hose for appropriate diagnoses, wheelchairs, hospital type beds, and artificial respiration equipment, therapeutic lenses, and initial cataract lenses.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR MILWAUKEE POLICE ASSOCIATION (MPA)

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

These comparisons describe the benefit program in general terms.
These benefits are subject to the terms and conditions of the master contracts.
The UnitedHealthcare benefits are always subject to medical necessity

BENEFIT	CITY OF MILWAUKEE UHC Choice Plus for MPA (Basic Plan) Services may be subject to Utilization Review for medical necessity.	CITY OF MILWAUKEE United Healthcare (UHC) Choice Plan for MPA
14. Prescription Coverage (including oral contraceptives)	<p>Retail Covered at 80% under major medical for a 30-day supply. A select list of over-the-counter (OTC) medications are covered within the Navitus formulary. Additionally, the following four OTCs are covered as well; Zyrtec (cetirizine), Claritin (loratadine), Alavert, and Niacin.</p> <p>Mail Order For additional savings, Mail Order will provide a three months (90 days) supply for a two months (60days) coinsurance on most maintenance drugs.</p> <p>There is no out of pocket maximum for retail or mail order prescription drugs.</p> <p><i>Prescription Coverage administered by MEDCO (Express Scripts)</i></p>	<p>There is a three-tier drug plan. Tier 1 drugs have a \$5 co-pay. Tier 2 drugs have a \$17 co-pay and Tier 3 drugs have a \$25 co-pay. A select list of over-the-counter (OTC) medications are covered within the Navitus formulary. Additionally, the following four OTCs are covered as well; Zyrtec (cetirizine), Claritin (loratadine), Alavert, and Niacin. There are non-covered drugs that are on the three tier formulary.</p> <p>Mail Order For additional savings, Mail Order will provide a three months (90 days) supply for a two months (60days) co-pay on most maintenance drugs.</p> <p><i>Prescription Coverage administered by MEDCO (Express Scripts)</i></p>
15. Allergy Care	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit is 100%.
16. Mental Health and Substance Abuse, Drug and Alcohol Abuse	Benefit includes outpatient hospital services, inpatient hospital services and transitional care as medically necessary. Professional office visits covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit includes outpatient hospital services, inpatient hospital services and transitional care as medically necessary. Member has a \$10 co-pay for professional office visits.
17. Organ Transplants	All non-experimental and non-investigational care related to transplant is covered as limited by the plan, including donor searches/procurements and private duty nursing.	Benefit is 100% when the United Resource Network (URN) Organ Transplant Network is utilized. Drug co-pay applies for transplant related drugs. Covers heart, heart/lung, liver, lung, kidney, kidney/pancreas, bone marrow, parathyroid, and musculo/skeletal.
18. Ambulance	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	<p>Benefit for surface ambulance is payable in full for the first \$300; charges in excess of \$300 is payable at 80%. Benefit for air ambulance is payable in full for the first \$1,000; charges in excess of \$1,000 are payable at 80%.</p> <p><i>Co-insurance is waived for approved hospital-to-hospital transfers.</i></p>

SUMMARY OF HEALTH INSURANCE BENEFITS FOR MILWAUKEE POLICE ASSOCIATION (MPA)

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.
 These comparisons describe the benefit program in general terms.
 These benefits are subject to the terms and conditions of the master contracts.
 The UnitedHealthcare benefits are always subject to medical necessity

BENEFIT	CITY OF MILWAUKEE UHC Choice Plus for MPA (Basic Plan) Services may be subject to Utilization Review for medical necessity.	CITY OF MILWAUKEE United Healthcare (UHC) Choice Plan for MPA
19. Private Duty Nursing	Covered at 80% usual & customary charges under major medical after deductible is satisfied	Benefit for home health care is limited to 50 visits per calendar year
20. Oral Surgery	*13 specific oral surgical procedures provided, including gingivectomy, alveolectomy & apicoectomy covered at 80% under major medical after deductible is satisfied	* Benefit is limited to 13 specific oral surgical procedures, including gingivectomy, alveolectomy & Apicoectomy. A United Healthcare network provider must be used.
21. TMJ Treatment	Covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit is limited to 80% of charges related to diagnosis and treatment of TMJ dysfunction syndrome for the following: <ul style="list-style-type: none"> - Physician and specialist consultation - rehabilitative therapy services including TENS therapy - adjustment of corrective appliances - charges for the fitting and installation of corrective splints. - maximum benefit payable of \$1250 per year. A United Healthcare network provider must be used.
22. Skilled Nursing Home Care (after hospitalization)	30 days per disability under basic benefits at 100%. An additional 90 days under major medical benefits at 80% usual & customary charges after the deductible is satisfied.	Benefit for skilled nursing care for maximum of 120 days per inpatient stay.
23. Hospice Care	COVERED at 100%.	Hospital or home hospice care covered, depending on the decision of the individual's primary care physician. Benefit is 100%.
24. Vision Care	NOT COVERED	Benefit is for routine vision care annual exam including the prescription of eyewear at UHC vision network facilities. No coverage for eyeglasses or contact lenses. Discounts for eyeglasses or contact lenses are available under the UHC STANDARD VISION Program at 1-800-203-4317.
25. Physicians' Charges for Preventive Care Services including Well Baby Care	Well Baby Care Visits covered at 100%, all other charges covered at 80% usual & customary charges.	Benefit is 100%.
26. Hearing Exams	Covered at 80% after deductible is satisfied. Under major medical when there is a medical condition (not for the purpose of prescribing hearing aids).	Benefit is covered only if performed by primary care physician or approved specialty physician.
27. Hearing Aids	For enrolled dependent children under age 18, benefits are limited to one hearing aid per ear, every three years as required by Wisconsin insurance law.	For enrolled dependent children under age 18, benefits are limited to one hearing aid per ear, every three years as required by

SUMMARY OF HEALTH INSURANCE BENEFITS FOR MILWAUKEE POLICE ASSOCIATION (MPA)

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.
 These comparisons describe the benefit program in general terms.
 These benefits are subject to the terms and conditions of the master contracts.
 The UnitedHealthcare benefits are always subject to medical necessity

BENEFIT	CITY OF MILWAUKEE UHC Choice Plus for MPA (Basic Plan) Services may be subject to Utilization Review for medical necessity.	CITY OF MILWAUKEE United Healthcare (UHC) Choice Plan for MPA
		Wisconsin insurance law.
28. Nutritional Counseling	Nutritional counseling for the treatment of morbid obesity is covered at 80% usual & customary charges under major medical after deductible is satisfied.	Benefit is covered when medically necessary. Benefit is 100%.
29. Infertility Services (Diagnosis of Infertility)	NOT COVERED. Diagnostic services covered at 80%, only. Treatment and prescription drugs are not covered.	No benefits for services primarily for the purpose of treating or reversing infertility or for artificial insemination services including donor service or other forms of fertilization including prescription drugs for infertility.
30. Physical Fitness	NOT COVERED	NOT COVERED
31. Home Health Care	Up to 40 visits per year when medically necessary under basic benefits. An additional 40 days under major medical covered at 80% per calendar year after the deductible is satisfied.	Benefit for home health care is limited to 50 visits per year.
32. Dependent Coverage	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the Affordable Care Act, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status.	
Policy Deductible	\$100 per person - \$300 per family	NONE
<p>"UNIFORM BENEFITS" does not mean that the UHC Choice and the UHC Choice Plus plans or all providers will treat all illness in the same manner from year to year. Nor does it require that each and every service be identically covered. The UHC Choice Plan retains the right to substitute services in such a manner as to maintain quality care of the patient. However, maximums, deductibles, co-payment amounts or co-insurance specified in this document cannot be altered. Treatment will vary based on the needs of the patient, the physicians involved and the managed care policies and procedures of each insurance plan.</p> <p>NOTE: The 2011 UHC Choice Plan for MPA and UHC Choice Plus benefit design for MPA are summarized above. The benefit structure may change during the calendar year based on labor contracts and/or other legal action.</p>		

United Healthcare Oral Surgery is limited to the following 13 oral surgical procedures (see #8 above)

- | | |
|--|---|
| 1. Surgical removal of bony impacted teeth; | 7. External incisions and drainage of cellulitis; |
| 2. Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination; | 8. Incision of accessory sinuses, salivary glands or ducts; |
| 3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth; | 9. Gingivectomy; |
| 4. Apicoectomy; | 10. Alveolectomy; |
| 5. Excision of exostosis of jaws and hard palate; | 11. Frenectomy; |
| 6. Treatment of fractures of facial bones; | 12. Removal of retained root; |
| | 13. Gingival and Apical curettage. |

CITY OF MILWAUKEE DENTAL PLAN COMPARISON CHART

NOTE: These comparisons describe the benefit program in general terms. These benefits are subject to the terms and conditions of the master contracts.

	CARE+PLUS PREPAID	DENTALBLUE WI Dentacare Standard Network	CITY DELTA DENTAL/WPS PLAN ⁶		
			Police	Fire	General
ANNUAL MAXIMUM	Unlimited	Unlimited	\$1,000	\$1,000	\$1,000
DEDUCTIBLE Single Family	None None	None None	\$25 \$75	\$25 \$75	\$25 \$75
DIAGNOSTIC (Ded waived) Oral Exam, X-Rays	Covered	Covered	(deductible waived) You Pay 20%	(deductible waived) You Pay 20%	(deductible waived) Covered ^{1,9}
PREVENTIVE Cleaning Fluoride (2x/yr) Sealants (2x/yr)	Covered Covered-age 18 ² Covered-age 15 ²	Covered Covered-age 15 ²	You Pay 20% Covered-age 18 ² Covered-age 24	You Pay 20% Covered-age 18 ² Covered-age 24	Covered ^{1, 9} Covered-age 18 ² Covered-age 24
RESTORATIVE Fillings ³ Crowns ⁴	Covered Covered ⁴	Covered Covered ⁵	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%
PROSTHODONTICS Bridges, Dentures Implants	Covered ⁴ Not Covered	Covered ⁵ Not Covered	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%
PROSTHETICS Denture Repairs	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ORAL SURGERY⁶ Simple Extractions	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ENDODONTICS Root Canals	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
PERIODONTICS⁶ Treatment of Gums & Tissue	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ORTHODONTICS Maximum Plan will pay Employee Co payment ⁷ Deductible Dependent Age Limit Invisalign Braces Expected co-pay on \$5,000 Treatment Plan	None 50% up to \$750 None None Not Covered You Pay \$750	None 50% up to \$750 None None Not Covered You Pay \$750	\$2,000 40% up to \$3333 100% over \$3333 \$25 25 ⁸ Covered You Pay \$3000	\$1,000 40% up to \$1666 100% over \$1666 \$25 19 ⁸ Covered You Pay \$4000	\$1,200 50% up to \$2400 100% over \$2400 \$25 25 ⁸ Covered You Pay \$3800

NOTES:



1. Covered at 100% of "maximum plan allowance" or the total dollar amount allowed for each dental procedure code.
2. Coverage may extend beyond age limit indicated if part of a Periodontal Treatment Plan.
3. White composite on posterior teeth may be subject to co-payments and/or covered at a lesser percentage than indicated.
4. Covered with base or noble metal. High noble metal is extra.
5. Only base metal covered. Noble or high noble metal and related lab fees are subject to co-payments. Many dentists only use noble metals. Ask your provider to document your out-of-pocket expense prior to initiating treatment.
6. Does not duplicate medical coverage.
7. A new co-payment will be assessed should you change dental plans during orthodontic treatment. Care+plus may reduce the required co-payment for transferring ortho-in-treatment patients based on treatment previously received and remaining length of treatment.
8. Employee and spouse are not subject to age limit indicated.
9. Delta Dental (General City) – Diagnostic and Preventive will not count against the annual maximum or deductible.

Care+Plus has three clinics. They are located at 1135 S. Cesar Chavez Drive, 11711 W. Burleigh Street and 6855 S. 27th Street. You do not need to specify a clinic preference when enrolling and may use the clinics interchangeably. To visit the Care+Plus website, navigate to: www.dentalassociates.com.

Delta Dental covers the dentist of your choice. You do not need to select a clinic or provider as part of enrollment, and may switch dentists at will. Family members can utilize different clinics and clinicians. By choosing a Delta Dental provider you will receive a discount on the cost of dental services.

To visit Delta's website, navigate to: www.deltadentalwi.com.

DentalBlue clinics are located throughout the metropolitan area. You **must** select a clinic from the Anthem Dentacare Standard Provider Directory and indicate a 12 digit clinic/provider code during enrollment. Choose your provider thoughtfully. **DentalBlue does not allow clinic changes outside of open enrollment and will not pay for treatment rendered at a clinic other than the one you select.** Family members are required to use the same clinic although they may see different dentists within the clinic.

To visit DentalBlue's website, navigate to: <http://www.Anthem.com> (Select "WI" and "DentalBlue-Dentacare Standard Network", then designate your search parameter.)

Preventive Health Guidelines

The importance of preventive healthcare
Remember the old saying that "an ounce of prevention is worth a pound of cure." This can be especially true when it comes to preventive health care. And, better health may lower your health care costs.

Maintaining or improving your health is important; and a focus on regular preventive care, along with following the advice of your doctor, can help you stay healthy. Routine checkups and screenings can help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health.

What is preventive care?

Preventive care focuses on maintaining your health, and establishing your baseline health status. During your preventive visit your doctor will determine what tests or screenings are appropriate for you based on many factors such as your age, gender, overall health status, personal health history and your current symptoms or chronic health concerns.

Even if you're in the best shape of your life, serious condition with no signs or symptoms may put your health at risk. Through a preventive exam and other routine health screenings, your doctor can detect the early warning signs of more serious issues to provide early treatment.

New online tool

At www.uhcreventivecare.com you can identify your age and gender-specific preventive care recommendations allowing you to help manage your health and reach your overall health goals.

You can use this information to talk with your doctor to make health decisions that meet your lifestyle and daily habits and help you live a healthier life.

It's easy and fast.

- You can print and email results
- You will also find health tips and much more.



Visit www.uhcreventivecare.com to identify your preventive care guidelines.

What can I do at **myuhc.com**®?

Find a doctor.
Track my blood pressure.
Find a great hospital.
Track my weight.
Look up my claims.
Improve my health.
Chat with a nurse.
Simplify my life.
Learn about diabetes.
Save money on services.
Stay focused on being healthy.
Replace my health plan ID card.
Record my health history.
Keep track of my family's medical history.
Estimate costs ahead of time.
Embrace wellness.
See my benefits.
Keep track of my shots.
And much, much more.

It all adds up to
peace of mind.

Organize my claims

- See the status of my current claims
- Check my past claims history
- View my monthly statements
- See my whole family in one view
- Print copies for my records

Find a doctor

- Search for a doctor or hospital in my area
- See which doctors meet stringent quality standards
- Evaluate hospitals on cost, quality and patient safety
- Find a mental health professional
- Get driving directions and print a map
- Find a doctor who treats a lot of people like me

Get more from your health benefits with **myuhc.com**

Get the facts

- Learn more about my coverage
- Check my current eligibility
- Look up my deductible or out-of-pocket limit

Manage my health

- Take a complimentary online Health Assessment, and get recommendations for change
- Read up-to-date, healthy lifestyle advice
- Use tools, quizzes, and calculators on a variety of topics from aging well to world travel

UnitedHealthcare Health4MeSM mobile app

- Access your family's health information anytime, anywhere.
- Features include easy access to registered nurses, personal health benefits information, and the ability to locate nearby physicians and hospitals.

(Currently available for iPhone® and Android™ operating systems.)

Get help with decisions

- Learn more about health conditions or procedures
- Connect with a nurse through live, one-to-one online Nurse Chats
- Read up on common symptoms and what they might mean
- Explore various treatment options



It's easy to register.

1. Visit **www.myuhc.com**
2. Select **REGISTER NOW**
3. Type in the requested information
4. Get started



EXPRESS SCRIPTS AND MEDCO ARE NOW ONE COMPANY

In an effort to provide you and your plan with even greater savings, care, and convenience, Express Scripts and Medco have come together as one company to manage your prescription benefit.

The combined company is in the process of changing the name on all its communications to Express Scripts. Until the renaming process is complete, you'll sometimes see the Medco name in pharmacy communications and on the Web.

To continue providing you with the high-quality service you expect, we're proceeding carefully as we bring our two companies together. Please continue to refill your prescriptions as you normally would by using your current prescription drug ID card, refill order forms, our website, or the toll-free member services telephone number on your ID card.

The new Express Scripts is committed to helping millions of Americans like you have access to affordable medications and the services you need to stay healthy.

**Express Scripts manages your prescription benefit for your employer.
Medco is now a part of the Express Scripts family of pharmacies.**





Your chance to save. Your chance to choose. Your chance is now.



We are privileged to once again deliver the City of Milwaukee's wellness program to you. Please look for important details in your Launch Kit that was mailed at the end of July as well as the DER web site. Both explain the program and the benefits associated with participation. Make the decision to eat right, stay active and take care of you. Choose to participate in the annual health assessment for savings, but most of all choose to participate for your overall health. We are proud to bring wellness to work for the City of Milwaukee.

Workforce Health works with progressive area organizations who want to make employee health a key business initiative. They recognize the wellness of their workforce as an economic imperative and partner with us to improve the health of their employees. Our programs and services are customized to meet the needs of both employers and employees. Based on the company's aggregate health assessment data, we are able to create an overall company health profile. We'll work with the company to design a wellness plan that best fits their employees' needs and resources to improve health.



 **Froedtert
HEALTH**
Workforce Health

workforcehealth.org

**Proudly celebrating 50 years as
Wisconsin's No. 1 Dental Plan.**



2012 is Delta Dental's 50th year, and we're looking ahead. To products that deliver value and enhance wellness. To giving back to the communities we serve. To continuing to provide the customer service you deserve. Join us and be a part of Delta Dental's next 50 years.



Now you can smile with peace of mind.



With our affordable dental plans you can have a smile, and an investment, to feel good about. CarePlus Dental Plans mean you and your family will always have access to high-quality dental care. Worrying about the out-of-pocket expense is a thing of the past. CarePlus is available at each of the convenient Dental Associates centers.

Call **800.318.7007** or visit **careplusdentalplans.com** and learn more about CarePlus and *smiles made easy*.

Dental Associates, the exclusive provider to CarePlus, is conveniently located in:

Green Bay

430 Main St.
Green Bay, WI 54301
920.431.0345
800.414.0274

Appleton

4660 W. College Ave.
Appleton, WI 54913
920.730.0345
866.428.2345

Fond du Lac

545 E. Johnson St.
Fond du Lac, WI 54935
920.924.9090
800.398.0672

Milwaukee

1135 S. Cesar Chavez Dr.
Milwaukee, WI 53204
414.645.4540
866.346.8098

Sturtevant

10155 Washington Ave.
Sturtevant, WI 53177
262.884.3011
877.251.0240

North Appleton

2115 E. Evergreen Dr.
Appleton, WI 54913
920.734.2345
866.602.0111

Greenville

N1737 Lily of the Valley Dr.
Greenville, WI 54942
920.757.0100
866.602.0083

Wauwatosa

11711 W. Burleigh St.
Wauwatosa, WI 53222
414.771.2345
800.398.0687

Franklin

6855 S. 27th St.
Franklin, WI 53132
414.435.0787
866.824.3220


Kenosha

7117 Green Bay Rd.
Kenosha, WI 53142
262.942.7000
866.811.4619

Care-Plus Dental Plans, Inc. is a non-profit Limited Service Health Organization licensed and regulated by the State of Wisconsin Office of the Commissioner of Insurance. Dental Associates is the exclusive provider to Care-Plus Dental Plans, Inc.

CTYMIL1011

CarePlus



**One Plan.
Lots of Choices.
Perfect Smiles.**

Choosing your dentist is an important decision. That's why Dental Blue® gives you access to one of the largest dental networks statewide. More dentists. More locations.

Dental Blue — giving employees something to smile about.

For more information, call 866-589-0582 or visit anthem.com.



Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Important Information About Your COBRA Continuation Coverage Rights

What is continuation coverage?

Federal law requires that group health plans (including the City of Milwaukee Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who is not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including: open enrollment and special enrollment rights. Specific information describing continuation coverage can be obtained from the Department of Employee Relations, Employee Benefits, 200 East Wells, Milwaukee, WI 53202, 414-286-2047, attention: Crystal Owens.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the City of Milwaukee Employee Benefits of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify the City of Milwaukee Employee Benefits of that fact within 60 days of the SSA’s determination and before the end of the first 18 months of continuation coverage. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the City of Milwaukee Employee Benefits of that fact within 30 days of SSA’s determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee, the covered employee’s enrolling in Medicare, or a dependent child’s ceasing to be eligible for coverage as a dependent under the Plan. You must notify the City of Milwaukee Employee Benefits within 60 days after a second qualifying event occurs.

How can you elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee’s spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). The required payment for continuation coverage for the qualified beneficiaries listed on page one of this notice is described on page one.

When and how must payment for continuation coverage be made?**First payment for continuation coverage**

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact the City of Milwaukee Employee Benefits to confirm the correct amount of your first payment.

Your first payment for continuation coverage should be sent to:

City of Milwaukee Employee Benefits
200 East Wells Street, Room 706
Milwaukee, WI 53202

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of the month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Periodic payments for continuation coverage should be sent to:

City of Milwaukee Employee Benefits
200 East Wells Street, Room 706
Milwaukee, WI 53202

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days (or enter longer period permitted by Plan) to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from the Plan Administrator.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visits the EBSA web site at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Flexible Choices Program

FSA MEDICAL ANNUAL ELECTION REDUCED TO \$2,500

Special Note to City of Milwaukee Employees and Spouses about INCREASING YOUR TAKE-HOME PAY

The *Flexible Choices Program* for out-of-pocket medical, dependent care and the parking benefit expenses will continue during 2013 with *eflexgroup* as the administrator. The *Flexible Choices Program* allows you to **increase your take-home pay**.

There are three separate parts to the City of Milwaukee's *Flexible Choices Program*. If you want to participate in any of the 3 parts, **you must enroll each plan year**. These plans do not automatically renew. For those employees who are not currently enrolled, we would urge you to read through the material, call *eflexgroup* if you have any questions or visit them at one of the open enrollment fairs.

If you choose to participate in the program, it does not change your health benefits. It only affects the way that you pay your out-of-pocket medical, your childcare/dependent care, and the work-related parking expenses. Your contribution is taken out of each paycheck before taxes and placed into a tax-free account until you have a qualified expense. Because you would incur these expenses anyway, this is a way you can **lower your income taxes** at **NO** additional cost. Your tax-free payroll deductions for these expenses can save you 27% to 43% in income tax savings depending on your income and tax situation.

1. **Out-of-Pocket Medical Expenses: Annual maximum of \$2,500**

Your contribution to this account should be based upon your expected out-of-pocket medical costs. For example, the following types of expenses would qualify:

- expenses not paid by your medical plan for prescription; Over the counter medications will be covered if a prescription is obtained through your medical provider;
- cost of glasses or contact lenses;
- annual plan deductibles & co-pays for persons in the City's Health Plans;
- Dental co-insurance or co-pays not covered by insurance to name a few.

2. **Childcare/Dependent Care Expenses: Annual maximum of \$5,000 (depends on filing status)**

In order to decide you must balance the tax savings from this benefit versus the tax credit on your personal income tax return. Your contribution to this account should be based upon your expected childcare expenses for your dependent(s) that is **12 or younger**. Your contribution is capped at \$5,000 per year for one or more children or \$2,500 if filing separately.

3. **Parking Benefit Plan Expenses: Annual maximum of \$2,000**

Any work-related parking expenses an employee incur near his/her workplace or near the location from which an employee commutes to work by mass transit or vanpool.

New employees can enroll 30 days after their City Start Date. **Enrollment can be done through the Self-Service program.** As with all things, there are some stipulations for you to consider before making your election decision. Here are the plan's limitations:

- ✓ **The amount you elect to deduct cannot be changed or revoked at will.** Election changes are permitted if you experience a qualified change in status. Detailed explanations of the qualified changes are given in the IRS regulations available through *eflexgroup* Online Internet site.
- ✓ **Overestimated out-of-pocket medical expenses cannot be refunded at the end of the plan year** or rolled over to the next plan year. It pays to be confident about the amount of out-of-pocket medical expenses you expect to incur.

Don't let the fear of losing money prevent you from taking advantage of the much more powerful benefits of participating in this plan. Because the City of Milwaukee has elected the grace period, **the plan year for expenses incurred is 01/01/2013 until 03/15/2014.** The percentage of income saved on taxes usually greatly exceeds the minimal year-end account balances, if there are any at all. Take time now to decide how you can reduce your taxable income while saving tax-free for expenses you are going to incur for the new plan year.

For information on **IRS Regulation Changes** for the Plan Year Beginning in 2013, please check the *eflexgroup* web site at www.eflexgroup.com. The site also has copies of IRS Publication 502 for Medical Expenses and IRS Publication 503 for Child and Dependent Care Accounts. *Eflexgroup* claim forms can be printed from the same web site.

Highlights of the City of Milwaukee Flexible Choices Program

- ◆ **Daily Claims Reimbursement:** Checks are prepared and mailed to participants' homes, or direct deposit, or participants also have the option of a debit card to use for payment of their expenses.

 Debit Card Usage – The Debit Card allows you to use the money you have in your account without having to wait for reimbursement. **PLEASE SAVE YOUR DETAILED RECEIPTS!! DOCUMENTATION IS REQUIRED to verify your debit card usage.**
- ◆ **Internet submission of claims:** Conveniently submit your claims online at www.eflexgroup.com.
- ◆ **24 hours a day, 7-days-a-week access** to information about account status claims received and reimbursement check issues. By simply logging into www.eflexgroup.com or by using touch-tone phone participants can access up-to-date information regarding their accounts.
- ◆ If you are already enrolled, remember **you must re-enroll each year for Flexible Choices.**
- ◆ For more information about the City of Milwaukee's Flexible Choices Program, call *eflexgroup* at **1-877-933-3539 (7:00 am – 7:00 pm CST)** or contact **City of Milwaukee at 414-286-3184.**

See the Health Insurance Benefit Summary Tables of the 2013 Open Enrollment Booklet for changes to deductibles and co-pays. If you haven't participated in Flexible Choices in the past, you may want to consider the implications of these changes on your out-of-pocket medical expenses for 2013.

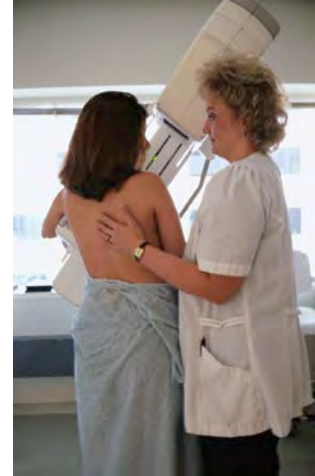
Special Notice to all City Employees, Retirees and their Families

Women's Health and Cancer Right Act Notice Special Rights Following Mastectomy

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of mastectomy.

The City of Milwaukee health plans comply with these requirements. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. The City of Milwaukee health plans do not impose penalties (for example, reducing or limiting reimbursements) and do not provide incentives to induce attending providers to provide care inconsistent with these requirements.



Questions, call the Employee Benefits Office at (414) 286-3184.

Group Life Insurance Certificate

General City, Fire and Police employees receive life insurance benefits through the Employees' Retirement System. If you want a copy of the Group Life Insurance Certificate for your records, go to:

http://www.cmers.com/cmers/Forms/Final_Certificate.pdf

or

www.cmers.com

on the right side **click** Benefits

click Life Insurance

In the middle of the page, **click** Group Life Insurance Certificate.

City of Milwaukee Employee Assistance Program



What Does The EAP Help With?

- Alcohol/Drugs
- Domestic Violence
- Mood/Anxiety Concerns
- Family Issues
- Financial Difficulties
- Interpersonal Problems
- Legal Problems
- Marital/Couple Difficulties
- Stress Management

♦ *Contact the EAP for more information.*



Scan Me!

What is The Employee Assistance Program (EAP)?

The employee assistance program, or EAP, is a brief counseling, assessment and referral service for employees and their family who may be experiencing personal or work place problems. Everyone has problems from time to time. Usually, we work them out. But sometimes problems persist, becoming serious enough to affect us both off and on the job.

At such times, an EAP may be able to help.

It is your program to utilize when you and your family members need help. If you know a co-worker is having problems, remind them of the program. If you have questions or comments, feel free to call for a confidential consultation.

Use your “anytime” minutes Program Care24[®] Services into your Cell Phone today!!

1-800-942-4746



Life is full of ups and downs. Now, you've got a great source for health information and support with Care24[®] services. You may have health concerns, personal or family issues, or work-related challenges. This service gives you access to a wide range of health and well-being information through one toll-free telephone number.

Connecting people with information they need

Care24 services connect people with reliable resources for information and support regarding a wide range of personal concerns – 24 hours a day, 365 days a year. One toll-free phone number gives you access to experienced professionals:

- **Registered Nurses**
- **Master's-level counselors**
- **Legal* and Financial professionals**
- **Community Resources**

Expanded support

If face-to-face resources are appropriate for your situation, a Care24 representative can refer you to local, in-person support. Counselors also can refer you to a wide range of national and community resources.

24-hour convenience

Care24 nurses and counselors help you and your family identify and address concerns that span the spectrum of work and life.

Current health and well-being information

Care24 nurses and counselors offer service based on up-to-date medical and professional guidelines. We consistently deliver high-quality service, so you can be confident that you and your family receive reliable health, personal legal and financial information you can use every day.

When can I call?

Nurses and master's-level specialists are available 24 hours a day, every day of the year. With the Care24 services, you don't need to make an appointment, rearrange your schedule or wait for Monday morning to get answers to your questions. You don't even need to go anywhere – you just need a telephone.

Program City of Milwaukee Care24 into your cell phone today!!

1-800-942-4746

Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving Optum services directly or indirectly (e.g. employer or health plan).

How To Enroll

SELF-SERVICE PROGRAM

- 1) The login Internet address is <https://cmil.mycmsc.com> then click HRMS PRD 9.1 which is on the left side. In order to access the Self-Service Program, all Active employees must have their Employee ID Number and a Password. You will need the Employee ID/User ID Number and a Password in order to access the web browser either from home or work. To request or reset a Password, visit www.Milwaukee.gov/RITS.
 - a) The Employee ID Number which is a six-digit number and you can find this number on your payroll statement at the top of the middle column above the Department's name.
- 2) If you add or delete a dependent(s):
 - a) Please see the information as indicated above.
 - b) All eligible dependent names must be capitalized.
 - c) Place a check (☒) next to the box for all dependent(s) as a STUDENT. The Social Security Number for all eligible dependents will be required.
- 3) If you do not want health or dental coverage, the "WAIVER FORM" is available to download at www.Milwaukee.gov/der. The waiver form must be sent to the Department of Employee Relations, City Hall, Room 706. There is no penalty for an employee who waives coverage and takes coverage through a spouse or another health plan.

Active Employees Making A Health/Dental Plan Change for the Year 2013

All active employee Self-Service enrollment elections must be submitted
by 10:59 p.m. on **Friday, November 2, 2012.**

Self-Service Instructions

City of Milwaukee Human Resources Management System Employee Self Service Program

All Active employees will use the Self Service program to change your Health, Dental, Flexible Choices, Long Term Disability and Life Insurance benefits:

Login on the Internet to:

<https://cmil.mycmsc.com>, then click HRMS PRD 9.1 on the left side.

Log into the Self Service Program

1. Enter your User ID your Password. If you do not remember your password **and have not set up the “forget your password”** option, please go to: www.Milwaukee.gov/RITS to request or reset a password.
2. Click the Sign In button. If this is your first time logging into the Self Service program, please set up the “Forget your password” option. Click Save. You are now set up to have a new password e-mailed to you when you “forget your password.”

Health Insurance

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the Health Plan Option.
3. Click the Circle button to select a Health Plan.
4. If you have dependent(s) on your plan or would like to add a dependent, continue and scroll down to the Enroll Your Dependents (Add/Review Dependents). **All dependent names must be capitalized and check the student box.** The Social Security Number (SSN) for all dependents will be required.
5. Click the Store button for the additional options. *The store button will hold your choices until you are ready to submit your final enrollment.* Click the OK button after you have reviewed the confirmation display page and to store the elections. *Do not click the submit button until you have completed all of your options, for example any changes to the dental insurance or flexible choices program.*
6. If there are no additional changes, then click the **SUBMIT** button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Dental Insurance

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the Dental Plan Option.
3. Click the Circle button to select a Dental Plan.
4. If you have dependent(s) on your plan or would like to add a dependent, continue and scroll down to the Enroll Your Dependents (Add/Review Dependents). **All dependent names must be capitalized and check the student box.** The SSN for all dependents will be required.
5. Click the Store button for the additional options. The store button will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
6. If there are no additional changes, then click the **SUBMIT** button
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Flexible Choices Programs

If you wish to participate in any of the three parts of the Flexible Choices Program for 2013, you must enroll each plan year. These plans do not automatically renew.

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select Flexible Choices Medical, Dependent Care or Parking Expenses.
3. Click the Circle button to select a Flexible Choices Option or click No, I do not want to enroll.
4. Submit the annual pledge amount for each of the Flexible Choices option you want to be enrolled in 2013.
5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.

6. If there are no additional changes, then click the **SUBMIT** button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Long Term Disability

If you wish to select a Long Term Disability (LTD) buy down of 60, 90, 120 day coverage, or change the current buy down selection.

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the LTD Buy Down.
3. Click the Circle button to select the LTD buy down coverage.
4. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
5. If there are no additional changes, then click the **SUBMIT** button.
6. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

View Your Direct Deposit Stubs

1. Login on the internet to: <https://cmil.mycmsc.com>, then click HRMS PRD 9.1
2. Enter your User ID (Employee ID) and password.
3. Click on Self-Service/Payroll and Compensation/View Paycheck or Payslips.

Life Insurance

If you wish to change the Supplemental Life Insurance enrollment.

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the Supplemental Life Insurance option.
3. Click the Circle button to select the Supplemental Life Insurance Plan. If required, you must enter a coverage amount or click the percentage option.
4. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
5. If there are no additional changes, then click the **SUBMIT** button
6. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

View Your W-2/W-2C forms

1. Login on the internet to: <https://cmil.mycmsc.com>, then click HRMS PRD 9.1
2. Enter your User ID (Employee ID) and password
3. Click to consent to receive your W-2/W-2C electronically by going to Self Service/Payroll and Compensation/W-2/W-2c Consent/W-2/W-2c Consent Form.
4. After consenting, you may view your 2012 W-2/W-2c electronically, when ready, by going to Self Service/ Payroll and Compensation/View W-2/W-2c forms. If you consented last year, you do not need to do it again.

For COBRA Enrollees
You must re-enroll in a Health Plan for 2013

In the **JOB TITLE** box of all enrollment forms:

- 1 . A COBRA enrollee will write "COBRA" in the JOB TITLE box.
- 2 . DO NOT write anything in the CITY START DATE and RETURN TO WORK DATE boxes

TELEPHONE NUMBERS & WEBSITES

Employee Benefits Division

414-286-3184

www.Milwaukee.gov/der

Health Plans

United Healthcare Choice Plus Plan

1-800-841-4901*

www.myuhc.com

United Healthcare Choice Plan

1-800-841-4901*

www.myuhc.com

UHC Care 24

1-800-942-4746

MEDCO (Active & Pre 65 retirees)

1-866-544-8642

www.medco.com

Dental Plans

WPS/Delta Dental

1-800-275-6230

www.deltadentalwi.com

Care Plus Dental

414-771-1711

www.careplusdentals.com

DentalBlue

1-866-589-0582

www.Anthem.com

Standard Insurance Company (LTD)

1-800-535-8465

www.standard.com

Eflexgroup (Flexible Choices Program)

1-877-933-3539

www.eflexgroup.com

***Be sure to use the phone number on the back of your UnitedHealthcare ID card.**

If you have any questions regarding your benefits, or regarding unpaid bills, or problems with service, please call your health or dental plan. **DO NOT** call Employee Benefits until you have contacted your health or dental plan and are unable to arrive at a resolution. Employee Benefits will attempt to assist you to resolve your problem, but in no case will Employee Benefits attempt to change, question or provide a medical opinion. Remember to document all your conversations with dates, times and names. We will ask you for this information when you call our office.

Notes